

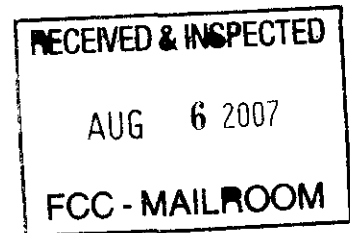


068-00-0732

COPY

August 2, 2007

Commission's Secretary, Office of the Secretary
Federal Communications Commission
Attention: CGB Room 3-B431
445 12th Street SW
Washington, DC 20554



To Whom It May Concern:

Song Revival Fellowship and Ministries is requesting an exemption to the requirement for Closed Captioning of the TV program "The New LaVerne Tripp and Family Program" under section 79.1 (f) of the Commission's rules. Song Revival Fellowship and Ministries produces the 30-minute television program aired over Cornerstone TeleVision Network entitled "The New LaVerne Tripp and Family Program". The television program does not generate any income for the ministry and to contract for the closed captioning or to purchase encoding equipment would represent a significant increase in the cost of TV production and is prohibitive for us at this time.

I have enclosed a copy of the Song Revival Fellowship and Ministries annual gross revenue as a non-profit (501C). This document discloses the annual gross revenue of Song Revival Fellowship and Ministries as \$551,395. As shown by this petition and its attachments we are requesting that the Commission grant a waiver of the closed captioning requirements in this case, because requiring closed captioning would create an undue burden. The cost of captioning would highly impact the Petitioner's operation.

Song Revival Fellowship and Ministries recognizes the value of closed captioning for the hearing impaired and the auxiliary benefit of improving literacy and we hope that we will eventually be able to add captions to our programs.

Respectfully,

LaVerne Tripp, President
Song Revival Fellowship and Ministries

Enclosure:
2006 Form 990
Affidavit

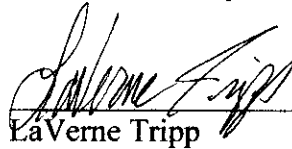
Song Revival Fellowship & Ministries, Inc. • P.O. Box 899, Gallatin, TN 37066-0899

(615) 230-7577 • (615) 230-7939 (fax)

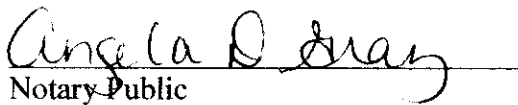
www.lavernetripp.com • laverne@lavernetripp.com


Affidavit

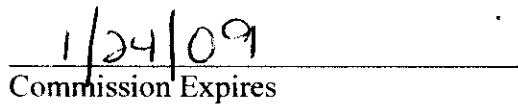
I, LaVerne Tripp, President of Song Revival Fellowship and Ministries, have reviewed the "Petition for Exemption for Closed Captioning Requirements" and certify that the statements regarding this organization are true and accurate to the best of my knowledge.

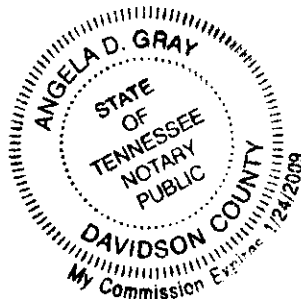

LaVerne Tripp

Date


Notary Public


Date


Commission Expires



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning , 2006, and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
SONG REVIVAL FELLOWSHIP & MINISTRIES
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
P O BOX 899
 City, town or country State ZIP code + 4
GALLATIN TN 37066-0899

D Employer Identification Number
[REDACTED]

E Telephone number
(615) 230-7577

F Accounting method: ☒ Cash ☐ Accrual
☐ Other (specify) ▶

G Web site: ▶ **N/A**

J Organization type (check only one) ▶ ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **551,996.**

H and **I** are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates? ... ☐ Yes ☒ No
H (b) If "Yes," enter number of affiliates ▶
H (c) Are all affiliates included? ... ☐ Yes ☐ No
 (If "No," attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number ▶
M Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Contributions to donor advised funds	1a	2,767.		
b Direct public support (not included on line 1a)	1b	510,628.		
c Indirect public support (not included on line 1a)	1c			
d Government contributions (grants) (not included on line 1a)	1d			
e Total (add lines 1a through 1d) (cash \$ 513,395. noncash \$ 0.)			1e	513,395.
2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3 Membership dues and assessments			3	
4 Interest on savings and temporary cash investments			4	
5 Dividends and interest from securities			5	
6a Gross rents	6a	29,919.		
b Less: rental expenses	6b	26,282.		
c Net rental income or (loss). Subtract line 6b from line 6a			6c	3,637.
7 Other investment income (describe ▶)			7	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b Less: cost or other basis and sales expenses	8a		8b	
c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
10a Gross sales of inventory, less returns and allowances	10a	7,108.		
b Less: cost of goods sold	10b	3,621.		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		See L-10 Stmt.	10c	3,487.
11 Other revenue (from Part VII, line 103)			11	1,574.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	522,093.
13 Program services (from line 44, column (B))			13	432,713.
14 Management and general (from line 44, column (C))			14	49,183.
15 Fundraising (from line 44, column (D))			15	0.
16 Payments to affiliates (attach schedule)			16	
17 Total expenses. Add lines 16 and 44, column (A)			17	481,896.
18 Excess or (deficit) for the year. Subtract line 17 from line 12			18	40,197.
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	260,592.
20 Other changes in net assets or fund balances (attach explanation)			20	1,225.
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	302,014.

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 15 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch): (cash \$ _____) (non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch): (cash \$ _____) (non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt	25a 104,650.	104,650.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 34,621.	34,621.	0.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29 4,735.	4,735.	0.	0.
30 Professional fundraising fees	30			
31 Accounting fees	31 5,525.	0.	5,525.	0.
32 Legal fees	32			
33 Supplies	33 6,139.	3,027.	3,112.	0.
34 Telephone	34 10,562.	10,562.	0.	0.
35 Postage and shipping	35 21,533.	21,533.	0.	0.
36 Occupancy	36 4,083.	4,083.	0.	0.
37 Equipment rental and maintenance	37 9,982.	9,982.	0.	0.
38 Printing and publications	38 10,975.	10,975.	0.	0.
39 Travel	39 45,541.	45,541.	0.	0.
40 Conferences, conventions, and meetings	40			
41 Interest	41 96.	0.	96.	0.
42 Depreciation, depletion, etc (attach schedule)	42 33,150.	0.	33,150.	0.
43 Other expenses not covered above (itemize):				
a CASUAL LABOR	43a 100.	100.	0.	0.
b ADVERTISING & PROMOTION	43b 1,439.	1,439.	0.	0.
c ALARM & SECURITY SYSTEM	43c 482.	482.	0.	0.
d AUTO EXPENSES	43d 20,039.	20,039.	0.	0.
e BANK SERVICES CHARGES	43e 1,524.	0.	1,524.	0.
f CLEANING & SUPPLIES	43f 3,815.	3,815.	0.	0.
g See Other Expenses Stmt	43g 162,905.	157,129.	5,776.	0.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 481,896.	432,713.	49,183.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

TO SPREAD THE GOSPEL OF JESUS CHRIST

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

**a CONDUCT EVANGELISTIC SERVICES THROUGH EVERY MEDIA POSSIBLE
IN ORDER TO REACH A LOST WORLD WITH THE KNOWLEDGE OF THE
SAVING GRACE OF OUR LORD JESUS CHRIST.**

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ☐

432,713.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

432,713.

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Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	77,848.	45	132,908.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	4,558.	52	4,558.
	53 Prepaid expenses and deferred charges		53	
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
LIABILITIES	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 809,070.		
	b Less: accumulated depreciation (attach schedule)	57b 497,519.	327,617.	57c 311,551.
	58 Other assets, including program-related investments (describe ▶)		58	
	59 Total assets (must equal line 74). Add lines 45 through 58	410,023.	59	449,017.
	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
NET ASSETS OR FUND BALANCES	63 Loans from officers, directors, trustees, and key employees (attach schedule)	145,000.	63	145,000.
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ <u>See Line 65 Stmt</u>)	4,431.	65	2,003.
	66 Total liabilities. Add lines 60 through 65	149,431.	66	147,003.
	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
70 Capital stock, trust principal, or current funds		70		
71 Paid in or capital surplus, or land, building, and equipment fund		71		
72 Retained earnings, endowment, accumulated income, or other funds	260,592.	72	302,014.	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	260,592.	73	302,014.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	410,023.	74	449,017.	

BAA

Form 990 (2006)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

		N/A	
a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
Add lines b1 through b4		b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

		N/A	
a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
Add lines b1 through b4		b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d	e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
ROBERT LAVERNE TRIPP P O BOX 899 GALLATIN, TN	PRESIDENT 60	82,650.	0.	0.
EDITH TRIPP P O BOX 899 GALLATIN, TN	SEC/TREAS 40	19,500.	0.	0.
ROBERT L TRIPP, JR P O BOX 899 GALLATIN, TN	DIRECTOR 20	2,500.	0.	0.
CARL MORRIS P O BOX 899 GALLATIN, TN	DIRECTOR 10	0.	0.	0.
TERRY TRIPP P O BOX 899 GALLATIN, TN	DIRECTOR 10	0.	0.	0.

Yes	No
-----	----

75b	X	
75c	X	
75d	X	

75b	X	
-----	---	--

75c	X
-----	---

75d	X
-----	---

75d	X
-----	---

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76	X
----	---

77		X
----	--	---

--	--	--

78a	X
-----	---

78b		
-----	--	--

79		X
----	--	---

--	--	--

80 a	X
------	---

81a

[illegible]

81 b	X
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Form 990 (2006)

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82 b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ TN GA DC VA MD AR MS		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	4	
91 a	The books are in care of ▶ CHITWOOD & CHITWOOD Telephone number ▶ (423) 892-4882		
	Located at ▶ 5746 MARLIN ROAD STE 500 CHATTANOOGA TN ZIP + 4 ▶ 37411		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

BAA

Form 990 (2006)

Part VI Other Information (continued)c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c ☐ Yes ☒ NoIf 'Yes,' enter the name of the foreign country _____92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year 92 **Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16		3,637.
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b ROYALTIES			15		1,574.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					5,211.
105 Total (add line 104, columns (B), (D), and (E))					5,211.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

- 93b RENTAL OF PRODUCTION FACILITY TO PRODUCE GOSPEL MUSIC.
- 102 SALE OF BOOKS, TAPES & CD'S TO SPREAD THE GOSPEL OF JESUS CHRIST.
- 103a SALE OF BOOKS, TAPES & CD'S TO SPREAD THE GOSPEL OF JESUS CHRIST.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date 04/23/07

Check if self-employed ☐

Preparer's SSN or PTIN (See General instruction W) **P00183998**

Firm's name (or yours if self-employed) Chitwood & Chitwood

Address 5746 Marlin Road Suite 500

City Chattanooga State TN ZIP 37411

EIN 62-098

Phone no. (423) 892-4882

BAA

Form 990 (2006)